

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

CITY CLERK DEPARTMENT

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

20

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Mr. John T  
NICKNAME LAST SUFFIX  
Ketner

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
209 Stratus, El Paso, TX 79912

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. John T.  
NICKNAME LAST SUFFIX  
Ketner

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
209 Stratus, El Paso, TX 79912

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(915) 433-0966

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
10 / 11 / 02 THROUGH 03 / 24 / 03

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
05 / 03 / 03  
☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

None

12 OFFICE SOUGHT (if known)

City Representative, Dist 1

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

None

☐ additional pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

**14 C/OH NAME** John T. Ketner **15 ACCOUNT #** (Ethics Commission filers)

**16 NOTICE FROM POLITICAL COMMITTEE(S)**

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

**COMMITTEE TYPE**

☐ GENERAL

☐ SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

☐ additional pages

**17 NO REPORTABLE ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 12,420

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

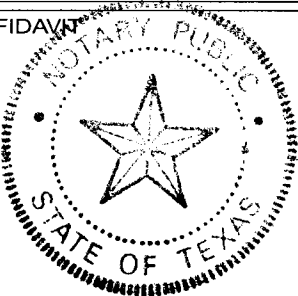
\$ 5,159.36

**OUTSTANDING LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 100

**19 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Travis Ketner, this the 2ND day of April, 20 03, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Margarita Hernandez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 8

2 FILER NAME

John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Salah & Nada Al-Hanna

6 Contributor address; City; State; Zip Code

4220 Hampshire Ln., El Paso, TX 79902

7 Amount of contribution (\$)

\$20

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/30/03

Full name of contributor

☐ out-of-state PAC (ID#)

Sergio Coronado

Contributor address; City; State; Zip Code

918 E. San Antonio, El Paso, TX 79901

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

David Escobar

Contributor address; City; State; Zip Code

8811 Alameda, El Paso, TX 79907

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/30/03

Full name of contributor

☐ out-of-state PAC (ID#)

Alex Escalante

Contributor address; City; State; Zip Code

918 E. San Antonio, El Paso, TX 79901

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Dereck Wyatt

Contributor address; City; State; Zip Code

1162 Upper Canyon Pl., El Paso, TX 79912

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

John T. Ketner

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

William Ellis

6 Contributor address; City; State; Zip Code

609 Myrtle, #100, El Paso, TX 79901

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Antonio Avon

Contributor address; City; State; Zip Code

6708 Cresta Bonita, El Paso, TX 79912

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/2/03

Full name of contributor

☐ out-of-state PAC (ID#)

Lon Loveless

Contributor address; City; State; Zip Code

209 Stratus, El Paso, TX 79912

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Gary Porras

Contributor address; City; State; Zip Code

4606 Memphis, El Paso, TX 79903

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Orlando Mondragon

Contributor address; City; State; Zip Code

350 N. Festiva, #303, El Paso, TX 79912

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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2 FILER NAME

John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rodolfo Romero

6 Contributor address; City; State; Zip Code

2507 Montana, El Paso, TX, 79903

7 Amount of  
contribution (\$)

\$100

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Jaime Gandara

Contributor address; City; State; Zip Code

550 E. Paisano, El Paso, TX 79902

Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Sergio Gonzalez

Contributor address; City; State; Zip Code

8517 Lockheed, El Paso, TX 79925

Amount of  
contribution (\$)

\$100

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Victor Salas

Contributor address; City; State; Zip Code

541 Magoffin, El Paso, TX 79901

Amount of  
contribution (\$)

\$250

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Ruben Hernandez

Contributor address; City; State; Zip Code

1112 Montana, El Paso, TX 79912

Amount of  
contribution (\$)

\$350

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this Schedule A1: **8**

2 FILER NAME

**John T. Ketner**

3 ACCOUNT # (Ethics Commission filers)

4 Date

**1/31/03**

5 Full name of contributor

☐ out-of-state PAC (ID#)

**Kathleen Smith**

6 Contributor address; City; State; Zip Code

**6528 Calle Placido, El Paso, TX 79912**

7 Amount of contribution (\$)

**\$100**

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

**1/31/03**

Full name of contributor

☐ out-of-state PAC (ID#)

**Roger Montoya**

Contributor address; City; State; Zip Code

**101 S. Kansas, #200, El Paso, TX 79901**

Amount of contribution (\$)

**\$100**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**1/31/03**

Full name of contributor

☐ out-of-state PAC (ID#)

**Paul Grajeda**

Contributor address; City; State; Zip Code

**1400 Montana, El Paso, TX 79902**

Amount of contribution (\$)

**\$500**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**1/31/03**

Full name of contributor

☐ out-of-state PAC (ID#)

**Joseph Abraham, Jr.**

Contributor address; City; State; Zip Code

**P.O. Box 512312, El Paso, TX 79951**

Amount of contribution (\$)

**\$100**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

**2/3/03**

Full name of contributor

☐ out-of-state PAC (ID#)

**Luis Gutierrez**

Contributor address; City; State; Zip Code

**1517 Montana, El Paso, TX 79902**

Amount of contribution (\$)

**\$100**

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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1 Total pages this Schedule A1: 8

2 FILER NAME

John T. Kerner

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/28/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dennis Moore

6 Contributor address; City; State; Zip Code

5550 Fredericksburg, #204, San Antonio, TX 78229

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

James Rey

Contributor address; City; State; Zip Code

528 E. Overland, El Paso, TX 79901

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/27/03

Full name of contributor

☐ out-of-state PAC (ID#)

Guadalupe Lopez

Contributor address; City; State; Zip Code

528 E. Overland, El Paso, TX 79901

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/7/03

Full name of contributor

☐ out-of-state PAC (ID#)

Scott Steinberger

Contributor address; City; State; Zip Code

P.O. Box 12507, El Paso, TX 79913

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/7/03

Full name of contributor

☐ out-of-state PAC (ID#)

John Reich

Contributor address; City; State; Zip Code

6110 N. Mesa, #E, El Paso, TX 79912

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: **8**

2 FILER NAME **John T. Kerner**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/7/03**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Joe Spencer**

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**1112 Montana, El Paso, TX 79902**

**\$100**

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2/7/03**

**Ray Velarde**

Contributor address; City; State; Zip Code

**1216 Montana, El Paso, TX 79902**

**\$100**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2/7/03**

**Sally Thomas**

Contributor address; City; State; Zip Code

**12223 Chisholm Pass, El Paso, TX 79936**

**\$1000**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2/23/03**

**Ben L. Ivey, III**

Contributor address; City; State; Zip Code

**945 S. Mesa Hills, #2705, El Paso, TX 79912**

**\$100**

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

In-kind contribution description (if applicable)

**2/24/03**

**Stuart Leeds**

Contributor address; City; State; Zip Code

**5468 Ridge, El Paso, TX 79932**

**\$100**

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
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1 Total pages this Schedule A1: 8

2 FILER NAME John T. Kemer

3 ACCOUNT # (Ethics Commission filers)

4 Date 2/24/03

5 Full name of contributor ☐ out-of-state PAC (ID#)

Mary Grace Kemer

6 Contributor address; City; State; Zip Code

109 Fir, San Antonio, TX 78210

7 Amount of contribution (\$)

\$200

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/5/03

Full name of contributor ☐ out-of-state PAC (ID#)

John Schatzman

Contributor address; City; State; Zip Code

555 Lombardy, El Paso, TX 79902

Amount of contribution (\$)

\$1000

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/5/03

Full name of contributor ☐ out-of-state PAC (ID#)

Humberto Enriquez

Contributor address; City; State; Zip Code

1017 Montana, El Paso, TX 79902

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/13/03

Full name of contributor ☐ out-of-state PAC (ID#)

Carlos Escobar

Contributor address; City; State; Zip Code

8811 Alameda, El Paso, TX 79907

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/17/03

Full name of contributor ☐ out-of-state PAC (ID#)

Robert Lettunich II + Stephanie

Contributor address; City; State; Zip Code

P.O. Box 846, Fabens, TX 79838

Amount of contribution (\$)

\$1500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

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1 Total pages this Schedule A1:

8

2 FILER NAME

John T. Kerner

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/17/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Roy Kirby

6 Contributor address; City; State; Zip Code

1421 Vanderbilt, El Paso, TX 79935

7 Amount of contribution (\$)

\$1500

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

3/17/03

Full name of contributor

☐ out-of-state PAC (ID#)

Robert N. Lettunich + Patricia

Contributor address; City; State; Zip Code Lettunich

P.O. Box 846, Fabens, TX 79838

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/20/03

Full name of contributor

☐ out-of-state PAC (ID#)

Eduardo Vasquez

Contributor address; City; State; Zip Code

1122 Montana, El Paso, TX 79902

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/22/03

Full name of contributor

☐ out-of-state PAC (ID#)

Terry O'Donnell

Contributor address; City; State; Zip Code

7109 San Marino, El Paso, TX 79912

Amount of contribution (\$)

\$200

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/15/03

Full name of contributor

☐ out-of-state PAC (ID#)

Theresa Caballero

Contributor address; City; State; Zip Code

300 E. Main, El Paso, TX 79901

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.





**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME

John T. Ketner

**3** ACCOUNT # (Ethics Commission filers)**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan

1/31/03

**7** Name of lender

John T. Ketner

☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)

\$100

**6** Is lender a financial Institution?

Y

N

**8** Lender address; City; State; Zip Code

209 Stratus, El Paso, TX 79912

**10** Interest rate

0.0%

**11** Maturity date

7/1/03

**12** Description of Collateral☒ none**13** GUARANTOR INFORMATION☒ not applicable**14** Name of guarantor**16** Amount Guaranteed (\$)**15** Guarantor address; City; State; Zip Code**17** Principal Occupation

Attorney

**18** Employer

El Paso County

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial Institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR INFORMATION**☐ not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

1/30/03

**5** Payee name

Ben L. Ivey, III

**6** Payee address; City; State; Zip Code

945 S. Mesa Hills, #2705, El Paso, TX 79912

**7** Amount (\$)

\$140

**8** Purpose of payment (See instructions regarding type of information required.)

Fund Raising Party

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

2/6/03

Payee name

PDX Printing

Payee address; City; State; Zip Code

100 Porfirio Diaz, El Paso, TX 79902

Amount (\$)

\$1,087.60

Purpose of payment (See instructions regarding type of information required.)

Printing

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

2/7/03

Payee name

H+H Mail Services

Payee address; City; State; Zip Code

9020 May Flower, El Paso, TX 79925

Amount (\$)

\$1,677.08

Purpose of payment (See instructions regarding type of information required.)

Mail Services

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

2/8/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Canutillo, TX 79835

Amount (\$)

\$40.00

Purpose of payment (See instructions regarding type of information required.)

Driving

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED





**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

2/19/03

**5** Payee name

Gail Mortimer

**6** Payee address;

City; State; Zip Code

P.O. Box 335, Sandwich, MA 02563

**7** Amount (\$)

\$110

**8** Purpose of payment (See instructions regarding type of information required.)

Editing

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

2/23/03

Payee name

Armando Rodriguez

Payee address;

City; State; Zip Code

241 Briana Ct., Cantillo, TX 79835

Amount (\$)

\$40

Purpose of payment (See instructions regarding type of information required.)

Driving

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

2/23/03

Payee name

Phillips 66

Payee address;

City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

Amount (\$)

\$20.79

Purpose of payment (See instructions regarding type of information required.)

Gas

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

3/1

Payee name

Phillips 66

Payee address;

City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

Amount (\$)

\$15.67

Purpose of payment (See instructions regarding type of information required.)

Gas

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

2/15/03

Armando Rodriguez

**6** Payee address; City; State; Zip Code

241 Briana Ct., Camutillo, TX 79835

\$40.00

**8** Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/15/03

Riviera Restaurant

Payee address; City; State; Zip Code

5218 Doniphan, El Paso, TX 79932

\$20.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Lunch

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/16/03

Phillips 66

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

\$16.51

Purpose of payment (See instructions regarding type of information required.)

Gas

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/18/03

City of El Paso

Payee address; City; State; Zip Code

2 Civic Center Plaza, El Paso, TX 79901

\$250

Purpose of payment (See instructions regarding type of information required.)

Filing Fee

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

2/8/03

Uncle Bao's

**6** Payee address; City; State; Zip Code5668 N. Mesa, ~~El~~ El Paso, TX 79912

\$18.00

**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Lunch

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/9/03

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Camutillo, TX 79835

\$40.00

Purpose of payment (See instructions regarding type of information required.)

Driving

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/12/03

Dorsey's Hallmark

Payee address; City; State; Zip Code

6101 Dan, El Paso, TX, 79912

\$86.60

Purpose of payment (See instructions regarding type of information required.)

Stationery

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/14/03

Office Depot

Payee address; City; State; Zip Code

801 Sunland Park, El Paso, TX 79912

\$27.25

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/1/03

**5** Payee name

Office Depot

**6** Payee address; City; State; Zip Code

801 Sunland Park, El Paso, TX 79902

**7** Amount (\$)

\$67.47

**8** Purpose of payment (See instructions regarding type of information required.)

Office Supplies

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/1/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Camutillo, TX 79835

Amount (\$)

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/2/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Camutillo, TX 79835

Amount (\$)

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/5/03

Payee name

H+H Mail Services

Payee address; City; State; Zip Code

9020 Mayflower, El Paso, TX 79925

Amount (\$)

\$35.10

Purpose of payment (See instructions regarding type of information required.)

Mail

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

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**1** Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

3/5/03

Ben L. Ivey, III

**6** Payee address; City; State; Zip Code

945 S. Mesa Hills, #2705, El Paso, TX 79912

\$400

**8** Purpose of payment (See instructions regarding type of information required.)

Fund Raiser Expenses

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/13/03

PDX Printing

Payee address; City; State; Zip Code

100 Porfirio Diaz, El Paso, TX 79902

\$248.76

**8** Purpose of payment (See instructions regarding type of information required.)

Printing

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/13/03

H+H Mail Services

Payee address; City; State; Zip Code

9020 Mayflower, El Paso, TX 79925

\$276.13

**8** Purpose of payment (See instructions regarding type of information required.)

Mailing

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/22/03

Phillips 66

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

\$19.61

**8** Purpose of payment (See instructions regarding type of information required.)

Gas

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

3/23/03

Armando Rodriguez

**6** Payee address; City; State; Zip Code

241 Briana Ct., Canutillo, TX 79835

\$50

**8** Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/28/03

Phillips 66

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

\$12.86

Purpose of payment (See instructions regarding type of information required.)

Gas

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/28/03

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Canutillo, TX 79835

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/29/03

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Canutillo, TX 79835

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/22/03

**5** Payee name

Office Depot

**6** Payee address; City; State; Zip Code

88 Sunland Park, El Paso, TX 79912

**7** Amount (\$)

\$40.47

**8** Purpose of payment (See instructions regarding type of information required.)

Office Supplies

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/22/03

Payee name

Phillips 66

Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

Amount (\$)

\$17.51

Purpose of payment (See instructions regarding type of information required.)

Gas

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/22/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., Canutillo, TX 79835

Amount (\$)

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/22/03

Payee name

Uncle Bao's

Payee address; City; State; Zip Code

5668 N. Mesa, El Paso, TX 79912

Amount (\$)

\$17.97

Purpose of payment (See instructions regarding type of information required.)

Campaign Lunch

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

John T. Kemer

**3** ACCOUNT # (Ethics Commission filers)**4** Date

3/30/03

**5** Payee name

Phillips 66

**6** Payee address; City; State; Zip Code

6200 N. Mesa, El Paso, TX 79912

**7** Amount (\$)

\$13.90

**8** Purpose of payment (See instructions regarding type of information required.)

Gas

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/30/03

Payee name

Armando Rodriguez

Payee address; City; State; Zip Code

241 Briana Ct., El Paso, TX 79835

Amount (\$)

\$50

Purpose of payment (See instructions regarding type of information required.)

Driving

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

3/30/03

Payee name

Uncle Bao's

Payee address; City; State; Zip Code

5668 N. Mesa, El Paso, TX 79912

Amount (\$)

\$30

Purpose of payment (See instructions regarding type of information required.)

Campaign Dinner

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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